1. PLACE OF DEATH:

marys

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

7			28	1
	1	113	30	

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother)
State Maryland County II Mary's
City or town. Planting of the Company of the City or town limits, write RURAL and give nearest town)
Street No
(If rural, give LOCATION)
2.(a) It veteran, name war

City or town	City or town
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mary Firances Da	3. (b) Social Security Number
4. Sei 5. Color or race (6.(a) Single, married, wildowed, or divorced Single.	MEDICAL CERTIFICATION 20. DATE OF CEATH OCTOBER 10 19 75, of 1P.
B.(6) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 18-1935	and that I last saw h
8. AGE: Years Months Days It less than one day 10 4 8hrsmin.	Paralysis of heart I hour
9. Birthplace. Great Mills Ind (Town, county, and state)	Due to. Diget Couring 16 lays
10. Veusl occupation	Due to
12. Hame Frances Barber 13. Birtholace Great mills	Other conditions
14. Maiden nome. Callactical Shales. 15. Birthpiace Draydur	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Hances Barbers	Autopsy results.
Address Great Mills, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
(Bnriai, cremation, or removal. Which?) Cemetery or crematory.	Accident, suicide, or homicide
Location Great Mulls Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director S. B. Mobius de la Referencia de la	Means of Injury Injured at work?
10 Oct. 10-1045 passaum	23. SIGNATURE DESCRIPTION M. D. or other
(Date rec'd hy registrar) Registrar	Address Garat Mulls Mod Date signed 10-11-4.

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

10331 Reg. Dist. No. 282

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 17 Seasons	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newbouninfants give residence of mother)
County	and - Marsalla
(If outside eil or town limits, write EURAL and give nearest town)	State County County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
a	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Henry Frische	3
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male Col	20. DATE DE DEATH 08 2/- 18 45 at 380 mm
O (h) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I awarded doceased Here
6.(6) Name of husband or wife	18 57 47 2 1840
7. Birth date of	end that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION DURATION
8. AGE: Years Months Days If less than one day	from Smoth
de la de la min.	
9. Birthplace (Town, county, and state)	Due to State USCHELINA
1D. Usual occupation.	
11. Industry or business	Due to
El OSan H Karda D	
12. Name. The Table 13. Birthplace	Other conditions
5 Males mich ON muse	(Include pregnancy within 3 months of death)
14. Maiden nama 11 14. Maiden nama 11. Sirihplace II many Cs mid	Major Endings of operations
= 15. Birthplace MANA S MA	Date of op
18. Informant Gum Olympian Psycol	Antopsy results
Address Same sellowed his	PHYSICIAN: Please underline the cause to which death should be charged statistically.
6.10 (Co.+29 Nh	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, of removal Which) (Burial, cremation, of removal Which) (Burial, cremation, of removal Which)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location more and a grad	Injured at home, farm, industry, public place (where?)
18. Funeral director. Sygh promothers day Sours	Means of Injury Injured et work?
The state of	1124 -114
Address January Man	23. SIGNATURE J. J. J. J. J. M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address And Address M. D. or other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

10332 Reg. Diat. No. 25 C

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Li Cu au J'	(For newborn infants give residence of mother)
City or town Bury at the attley	State Le de Cousiy II, Leas
(If ontside city or town limits, write RURAL and give nearest town)	But al line later
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
les as Tuera Buller	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
for col in the	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
G(V) Name of his band of which	19
7. Birth date of	years and that I last saw ham alive on 10 - 2 0 - 19 (1)
deceased (mo., day, yr.) 40 -2 0 4 5	and that I last saw harmanalive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
O. AGE:	74 hars Cu
6/2hrs.	
man - Color and	5/44/4 - C
9. Birthpiace	Due to.
10. Usual occupation.	Due to
11. Industry or business	
# 12 Name Selves to Buller	
	Other conditions
El 13. Birthplace / June 14	(Include pregnancy within 3 months of death)
14. Maiden namelua markelen V. Cult	
E PI TILL	Major findings of operations
E 15. Birtholated model les	Date of op.
16. Informant Morris an eurly	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address pradely und	
" Bus il mount 10 22-	22. VIOLENCE: If death was due to external causes, fill in the following;
(Barial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Queros Ihran	Where did injury occur?
Cemetery of Crematory	(City or town) (County) (State)
Location Durling	Injured at home, farm, industry, public place (where?)
140 mm non Pour le	Means of Injury tojured at work?
18. Funeral director	
Address In apoling wel	1/2/. 171/20
	23. SIGNATURE M. D. or other
19 10-22- 19 c/) ~ M 1/ 1 alun	
(Date rec'd by registrar) Regis	strar Address A Date signed O A A A Many

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BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10333

1. FLACE OF DEATH: 14 Page 144	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town 25600 MM Charles Avenue Mich	State County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occupied:	Street No.
Now long to hospital or institution?	(1f rnral, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME	
Hancis makery fassel	3. (b) Social Security Number
4. Sex 5. Color or race, 6.(α) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
male white	2D. DATE DF DEATH
	no torrow had done
8.(6) Name of husband or wife	19 x021 (0ct 21 1046)
7. Birth date of	ars and that I last saw II
deceased (mo., day, yr.) UCJ 1- 1473	Immediate cause of death Indiana Duration
8. AGE: Years Months Days If lese than one day	A
0 0 /4ml	n. Amelicalistis
8. Birthplace And Land (Town, county, and state)	Due to.
1D. Usual occupation.	Due to
11. Industry or business A	
12. Name las William farill	Diher conditions 444 Alf most of lines
12. Name las Wallfrom Farific 13. Birtholace St Mary Co nd	1 in a list and has harden destill
HE 14. Maiden name HALLYS Culturing yours	(Include pregnancy within 8 months of death)
15 844 las 8 11 8 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations.
1 13. Buttingace	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pulchamiowilli Ma.	
(Burial, cremation, or removal, Which?) Data thereof (morth) (duy) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cemetery or crematory	Where did injury occur?
Location hys Ganga	Injured at homa, farm, industry, public place (where?)
18. Funerat director Elmus Suadl	Means of Injury Injured at work?
Address Huchswill Carles Och	1 1 - 1 - 1 - 101 & 101 & 101
10 Ti al 10 CO a CO -	23. SIGNATURE THE THE THE M. D. of other work
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Addrese Date signed Cot 21 N 5

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RECUI OCT 23 1945

BURSAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bra

CERTIFICATE OF DEATH

				2.82
-	Reg.	Diat.	No.	10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give_residence of mother)
County Standard State County	State Mary County St Mary
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? La 5 Cfl Will	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death of curred:	Street No.
to days in Anspeld	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divarced	MEDICAL CERTIFICATION
7 W Wislow	20. DATE OF DEATH SACT 18 45 at 7 Pc M
8.(6) Name of husband or wife. Charles W. T. T. T. J. V. C.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	and that t lest saw halive the same and that t lest saw h
deceased (mo., day, yr.) // lb- d- 1860	Immediate cause of death Taballelion DURATION
8. AGE: Years Mooths Days If less than one day	
85-18 14min.	4944
8. Birthplace (Town, county, and state)	Due to Mayor Cardilla 2. Mysn
10. Usual occupation While the While of the Company	Due to asterial Sclarosis 22 yro
11. Industry or business	
12. Name Standard Communication of the standard Communication of t	Diher conditions
at 13. Birthpiace It mary co my	(Include pregnancy within 8 months of death)
H 14. Maiden name Selfel Manager South	Major findings of operations.
\$ 15. Birthplace If marries Co In 10	major nadings of operations
18. Informant Sept a Markeland The Jone	Autopsy results
Address Lemeralotum my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burel Boto thereof Oct 19 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Gate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location February Management 72/1/1	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. C. J. A. S.	Means of tnjury Injured at work?
Address Lever and to my mil	714
10180 MC O	23. SIGNATURE
19. (Date red d by registrar)	Address Jeonas Mount Date signed 1017/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 23 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1				1-5	1 -
	Reg.	Diat.	No.	100	4000000

11335

1. PLACE OF DEATH OF A GOALS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Market Ma	State Mary St Mary
(If outside city or town limits, write RURAL and give nearest town)	11 18 0
How long in ebove place of death?	City or town
Slamanathown mel	Street No.
How long in hospital or institution? In Market Stimones Lake	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Charles a Gladden	
4. Sex 5. Color or race 6.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION
Popular Colonel married	20. DATE OF DEATH. 19 45 21 3.30
B.(b) Name of husband or wife Dagath E. Sladlen	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
5-7	" Necember 1 1845 to Oct 19 1945
7. Birth date of deceased (mo., day, yr.) Mash / 5 / 7 9 3	and that I last saw h
B. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
52 5 4min.	
8. Birthpiace Walley File onney, and state)	Due to Hypertension 4 year
D. Usual occupation	Due to Chowie neplutes 5 4000
11. Industry or business	
12. Name June d Gladere 13. Birthplace It Wasse Co	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Illia Blis cal 15. Birthplace Il Mandi Ge	Major findings of operations
15. Birthplace It Marile Co	Date of op.
16, Informant Maris & Alack dosay	Antoney results.
Address Dalles Fee Mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Park The	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (duy) (year)	Accident, suicide, or homicide
Cometery or crematory St. Manda Carmellering	Where did injury occur?
Location Man Valley Lee MO	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. C. Mastandell Sons	Means of Injury Injured at work?
Address Seonardtown Mil	Man Holanda
18/W 45: Can	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address (larzon ord Bala stoned 10-20-1

IN AND THE PROPERTY STATE CHAPTEAN

OCT 23 1945 BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1/1336 Reg. Diat. No. 282

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Muc Ellen Guodaria	
4. Sey 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Head in	
- Company	20. DATE DF DEATH. Q 2 1945 at 5,30 m
8. (b) Name of husband or wife Milleding W. Assistances	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
	1844 to OCT 6 1845
7. Sirth date of	and that I last saw h alive on oct 3
deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day	Immediate cause of death
	Cerepal Thortons /40
79 8 27hrsmin.	Generalized articoschous -
9. Birthplace (Town, county, and stay)	Due to A Sa Carria in in
1D. Usual occupation. House surpre	Due to Chonic Neplitis:
11. Industry or business	
12. Hame Mallian Die Gruben	Dther conditions
13. Birthplace of marib Co mil	(Include pregnancy within 3 months of death)
E 14. Maiden name.	
15. Birthplace	Major findings of operations
16. Informant Mil Juliu Blance	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address It Invesoes mel	
17 Bannal Date thereof Det 9-1945	22. VIOLENCE: If death was due to external causes, till in the following;
17. (Burial, cremation, or removal, Which?) Date thereot (morth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Redge ma	Injured at home, tarm, industry, public place (where?)
11 0 Mallow Porces	Means of Injury Injured at work?
18. Funeral director. N. C. Thumpley South	2/ 1/2/ / >
Address Floriar Cloyer MO:	23. SIGNATURE / Hatnet ml
19. (Date fee'd by registrar) Hegistrar	Address Pearson Md. Bata signed 10 -7- 45

SHEARING THE PRESENTATION OF THE COMMERCIAL

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BURFAU V.S.

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CERTIFICATE OF DEATH

-			-	2
Reg.	Diat.	No.	9	۲.

V-111.00 A VA1	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State County City or town (if ontside city or town limits, write RURAL and give pearest town) Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) if veteran, name war
3. (a) FULL NAME Cerrie Sty after mail	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced warried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 10 - 7 19.4 721.1.2.3.0.6 M
8. (b) Name of husband or wife All All Alive, give age Argents of deceased (mo., day, yr.) 3 - 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Address un addled 17. Bull al. Date thereof. (Dog (Jonath) (day) (year) Cemeiery or crematory. Address Chapter Address Cha	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19./0 - 7 - 19.4() - M. Calina Registrar	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

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St. Day

2411 N. Charles St., Baltimore 927

10338

CERTIFICATE OF DEATH

			<u> </u>		Reg. Diat. No. 4.	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:		
County St. Marys				(For newborn infants give residence of mother) State Maryland County St. Marys		
City or town. near Charlotte Hall, Md (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death? 10 years				Cily or town Mechanic sville; (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or				Street No.		
				(If rural, give	LOCATION)	•••••
How long in hospital or	Institution?			2.(a) If veteran, name wor		
3. (a) FULL NAME					3. (b) Social Security	Number
Sa	rah Mar	shall	Smith		none	
4. Sex	5. Color or race	6.(a)Single	a, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	Col	Ma	rried	20. DATE DF DEATH October	7 bh 19 45	, at 11 p m
6.(b) Name of husband o	LAS CAS	vin S	mith	21. I CERTIFY that death occurred on the date ebo		
			e) If alive, give age	1919	41, 10 Ock	18.45 1
7. Birth date of		18 18		and that I last saw h.ealivo on	1 25	19 44
deceased (mo., day, yr. 8. AGE: Years	Mooths	Days	If less than one day	Immediate cause of death		DURATION
71	8	19	hrs. min.		••••••••••••••••••••••••••••••••••••••	***
1 1	10	13]			
9. BirthplaceS	t. Mary	county, and s	tate)	Due to	cumbing	28/120
1D. Usual occupation	House	wife			,	****
11. Industry or business				Pue 10.		
	John Ma	arshal	1	Other conditions & Monac 2	a does let	
12. Hame	Mechai				ma ima jua in jua	
				(laclude pregnancy within 8 n	nonths of death)	
10			B*************************************	Major findings of operations	******************************	***************************************
	Maryla				Date of op	**************************
18. Informant CASVIN Smith				Antopsy results		T* T
Address Me	chanics	ville,	Md	PHYSICIAN: Please underline the cause to wh		I statistically.
17 Buria	1	Rate there	10-10-45	22. VIOLENCE: If death was due to external cau		
(Burial, cremation, or removal, Which?) Bate thereof. 10-10-45 (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory	Ebe	nezer		Where did injury occur?(City or town)	(County)	(State)
Location New Market, Md				Injured at home, farm, industry, public place (wi		***************************************
18. Funeral director Elmer M. Quade				Means of Injury	Injured at work?	
Address	Hughes	ville.	Md	9 0-	P , p	
10 - 2	11 4	.00	0/0-	23. SIGNATURE DELLE JO	lothange	or other
19. (Date rec'd by reg	19. 7. J	- Z.Ce	and S. Que	Address la la Cololla &	Jack Date signed	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					THE STATE OF BRIDE	777

ADING NK. Supply every item of information carefully. The correctage Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physicia

